


MDCH Department of Community Health

Crime Victims, EMS & Trauma Systems Division


Robin Shivley, Director

MCA 2013



Topics

- Community Paramedic
- Paramedic Accreditation
- Specialist/AEMT
- Audits/Complaints/Enforcement
- Data
- Other
 - CoN – Helicopter
 - AHA Cards
 - State of Michigan Prosperity Regions
 - AED
 - Pediatric Readiness Project



Community Paramedic

- National Update
- State Update

CoAEMSP: The Michigan decision

February 13, 2012: "...Michigan joined with the majority of other states in requiring that all Paramedic EMS education programs in our state become accredited through CoAEMSP."
(full letter located at www.michigan.gov/ems, bottom of page)

Quick facts

46 paramedic ed. programs in MI
3 currently CoA-accredited
26 currently with LoR
7 submitted for accreditation or LoR
10 have not submitted



Paramedic Accreditation Nationally

- The following states have chosen to not require NREMT at Paramedic level:
 - Illinois (although they have a number of accredited programs)
 - Massachusetts
 - New York
 - North Carolina
 - Wyoming
 - Florida (also have a number of accredited programs)

NREMT Extension

- NREMT extension requested and approved through 12/21/2017. Programs must be accredited (not in the process) by January 1, 2018.
 - Access to the NREMT examination
 - Inform students of non-accredited Paramedic education programs (non-LOR) that when they graduate from the program, access to our examination for licensure in Michigan, but not eligible for National EMS Certification



Paramedic Accreditation Update

- **Students enrolled in a paramedic program that began prior to January 1, 2013, are eligible to take the NREMT certification exam and are not impacted by the Paramedic Accreditation.**
- **Students entering a paramedic program after January 1, 2013, that is CAAHEP/CoAEMPS accredited or in the Letter of Review (LoR) process will be eligible for NREMT national EMS certification and reciprocity in states that require national EMS program accreditation.**



Paramedic Accreditation Update

- **Students entering a paramedic program after January 1, 2013, that is NOT CAAHEP/CoAEMPS accredited or in the Letter of Review (LoR) process that successfully complete a licensure exam (NREMT assessment exam) will be considered "state recognized" only. They will no longer be eligible for NREMT national EMS certification or reciprocity in states that require national EMS program accreditation. (This includes any state that is delaying the implementation of a paramedic program accreditation requirement.)**
- **Students enrolling in programs not accredited by CAAHEP will forever impact their ability to seek national EMS certification or pursue reciprocity to practice as a paramedic in the majority of states/territories requiring national EMS program accreditation.**

Paramedic Accreditation Update

- The program accreditation date does not impact the use of the NREMT exam at the MFR, EMT, or Specialist/AEMT levels.
- Paramedics that already possess a state license or are enrolled in programs that began prior to December 31, 2012 will not be impacted by the accreditation requirement throughout their careers and may obtain national EMS certification in the future.

Paramedic Accreditation Update

The following Michigan Paramedic Programs have achieved either accreditation (3) or LOR (25):

Accredited

- Huron Valley Ambulance
- Kalamazoo Valley Community College
- Lansing Community College

To verify the accreditation status of programs in Michigan (including those in the LoR process), please go to www.caahep.org. This web site is being updated on a daily basis!

Paramedic Accreditation Update

LOR

- Baker College – Cadillac
- Baker College – Muskegon/Professional Med Team, Inc. Consortia
- Baker College – Clinton Township
- DLP/Marquette General Health System-School of EMT
- Genesys Regional Medical Center
- Gogebic Community College

LOR

- Great Lakes EMS Academy/Davenport University Consortium
- Jackson College
- Kellogg Community College
- Lansing Area Paramedic Cons.
- Lake Superior State Univ.
- Life Support Training Institute of Botsford Hospital
- Macomb Community College
- McLaren Flint-EMS Education Program

Paramedic Accreditation Update

LOR

- Medic 1 Community Emergency Service
- Medstar Medical Education Center
- Michigan Academy of Emergency Services-Dorsey Schools Consortium
- Mid-Michigan Medical Center
- Mobile Medical Response Education
- North Central Michigan College
- Oakland Community College
- Sanilac Medical Services
- Schoolcraft College
- STAT EMS/Hurley Medical Center
- Superior Medical Education, Division of Dorsey School of Business
- Wayne County Community College

EMT SPECIALIST UPDATE



Specialist/AEMT Update

- Implementation of the new Specialist was effective April 1, 2013.
- Specialists that have taken a bridge course but did not complete the testing process by March 31, 2013, were dropped to the EMT level effective April 1, 2013. However, they will have the ability to continue the testing process (up to 3 attempts) until **September 30, 2013**.
- If a bridge course was not completed by March 15, 2013, or a downgrade request was not received by March 31, 2013, the Specialist license was automatically downgraded to the level of EMT as of April 1, 2013. No fee was charged for this licensure change.

Pass Rates Specialist/AEMT – 2012/2013

Attempt	2012/13 MI	2012/13 Nat' l
First	125/201 62%	2491/4591 54%
3 attempts	149/201 74%	3238/4591 71%

Audit Process



License Audits

Who might get audited?

- ❖ Random Audits
- ❖ Complaints

Documents need to be maintained for at least one year past license renewal.

If you get audited:

- CPR **card** always required
- ❖ Must be health care provider CPR

Name, date, I/C name, number, signature on chits

Electronic CE records signed by I/C or supervisor



Audit Process

- Failure to provide documentation creates a rebuttable presumption that the licensee has made a false and fraudulent statement in applying for a license to practice EMS.
- Acceptable documentation of CE shall include:
 - Name of licensee
 - Name of sponsoring organization & IC number
 - Title of program
 - Hours of CE awarded per category
 - Date of program
 - Signature of IC or designee



Failure to Meet CE Requirements -- Revocation

- MFR Revocation
 - Missing 4 or more credits
- EMT Revocation
 - Missing 7 or more credits
- EMT-Specialist Revocation
 - Missing 8 or more credits
- Paramedic Revocation
 - Missing 10 or more credits
- IC Revocation
 - Missing 7 or more credits

Note: Revocation is for 3 years. If this occurs, an individual would start the entire licensure process from the start.



Audits

- Failure to meet requirements leads to suspension or revocation – as of 9/30/2013
 - 30 Suspended
 - 21 Revocations
 - 20 Voluntarily surrendered in lieu of disciplinary action
- Total – 71 audit actions



Audits

- Failure to meet requirements leads to suspension or revocation – 2012
 - 71 Suspended
 - 72 Revocations
 - 17 Voluntarily surrendered in lieu of disciplinary action
- Total – 160 audit actions



Audits

- Total audits conducted in 2011 was 690 – all levels.
- Total audits conducted in 2012 are 855 – all levels
- Total audits conducted in 2013 are 261 – all levels (as of 9/30/2013)
 - **Compliance rate for 2010 was 69%**
 - Compliance rate for 2011 was 80%
 - Compliance rate for 2012 is 84%
 - Compliance rate for 2013 is 78%



Audit by Level of Provider - 2012

	C	NC	CONDUCTED AUDITS	COMPLIANCE RATE	
MFR	130	26	156	83.33%	
EMT	207	56	263	78.71%	
SPECIALIST	26	0	26	100.00%	
PARAMEDIC	201	43	244	82.38%	
TOTAL PROVIDERS	564	125	689	81.86%	
IC - PARAMEDIC	139	19	158	87.97%	
IC - SPECIALIST	3	2	5	60.00%	
IC - EMT	11	2	13	84.62%	
IC - MFR	3	0	3	0.00%	
TOTAL ICs	156	23	179	87.15%	
TOTALS	720	135	855	84.21%	
Total audits conducted (less those not required):	855				

Top Non-compliance Issues

■ CPR Cards:

- No CPR card
- Layperson certification such as "Heartsaver" **predominately at MFR & EMT levels*
- Online CPR certifications
- CPR "certificates"

*Acceptable CPR certification includes a professional rescuer CPR card containing a practical classroom component that is taught by a training center instructor of a certified agency following the 2000 American Heart Association Guidelines. - *Preferably American Heart Association or American Red Cross.*

Top Non-compliance Issues

- **No names on chit sheets:**
 - Licensee name **MUST** be printed on a chit sheet for acceptance. No names on submitted chit sheets suggest fraudulent renewal.

Top Non-compliance Issues

- **Unacceptable I/C documentation for Combination Renewals:**
 - Combination Renewals must include the following;
 - Accrued twenty (20) professional development credits AND (10) performance credits (EMS instruction/exam evaluation/course coordination).
 - Acceptable documentation for performance credit includes; CE roster, I.C. chit sheet, exam evaluator certificate, copy of State approval for continuing education or education program.
 - All above documentation must include:
 - Name of licensee
 - Michigan credit category
 - Title of course or program
 - Date of completion
 - Name and signature of IC approved to administer course
 - MDCH course approval number or IC number

Personnel Enforcement

- 2013 (as of 9/20): We have taken 95 enforcement actions against EMS personnel:
 - 2 Emergency Orders (criminal sexual conduct)
 - 25 licenses revoked (21 for CE non-compliance; 4 criminal convictions)
 - 32 licenses suspended (30 for CE non-compliance; 2 criminal convictions)
 - 6 licenses issued consent order with monitoring (all criminal convictions)
 - 9 licensure applications denied (all criminal convictions)
 - 21 licensees voluntarily surrendered in lieu of disciplinary action



Personnel Complaints

- 2013 (as of 9/20): 168 personnel complaints received
 - 75% related to continuing education
 - 24% related to criminal convictions
 - 1% other



Personnel Enforcement

- 2012: We have taken 199 enforcement actions against EMS personnel:
 - 6 Emergency Orders (5 criminal sexual conduct; 1 driving ambulance while intoxicated with child)
 - 85 licenses revoked (72 for CE non-compliance; 13 other)
 - 73 licenses suspended (71 CE non-compliance; 2 criminal convictions)
 - 11 licenses issued consent order with monitoring
 - 7 licensure applications denied
 - 17 licensees voluntarily surrendered in lieu of disciplinary action



Personnel Complaints

- 2012: 243 personnel complaints received
 - 69% related to continuing education
 - 29% related to criminal convictions
 - 2% other



Data

- Executive committee for Data Collection met and discussed the direction of data collection in the State of Michigan.
- Unanimous consensus is that although a lot of data has, and is being submitted, the data that we retrieve must be good clean data.
- The DIG and DOG should focus on the main state initiatives: STEMI/Cardiac Arrest, Trauma, Stroke, and Pediatrics.
 - By narrowing down on just these initiatives and with the DOG focusing on what data we need on the output side, the DIG can develop what needs to be on the input side.
- DIG/DOG – identify essential data elements needed for input and output.
 - If we focus on just a few data points and get good at doing those than we can expand as needed or as the demand for data changes.

Data

- Discussion also occurred related to a transition plan from NEMSIS 2.2.1 to NEMSIS 3.0.
- EMS Office is working with DTMB related to contract with Image Trend
 - Current contract expires 3/31/14
 - New contract – vendor to have NEMSIS 3.0 ready and continue to collect NEMSIS 2.2.1 data.
 - Image Trend (and other vendors) has stated that transition to NEMSIS 3.0 is part of maintenance.
 - NEMSIS has posted vendor status report on website of anticipated transition dates to 3.0.
- When we make switch to NEMSIS 3.0, the state will continue to be able to accept 2.2.1 data for a time.
 - PROPOSED: December 31, 2015 will be the date state will no longer accept 2.2.1 data.

Data

- OTHER TOPICS DISCUSSED:
 - State Protocol – include verification element that agency must comply 90% of time.
 - MCAs must be able to do verification of data accuracy – develop a step by step process.
 - When agency submits records to the state, if it is not complete, it is returned to the agency as missing data or critical fail (this is not currently done at the state level).
 - Develop a policy for access to the data
 - Need to discuss data linkage

Data

- Adding name as a required data element
- Life Support agency application – add annual call volume to application for licensure
- EMS Office send letter to agencies that are not submitting data
- Need teeth into requirement for data submission
- Education
 - Include more in the initial education/curriculum
 - CE – should this be a required topic????

CoN

- CoN Standards for air ambulance are currently under review with a proposal to de-regulate this service.
 - Air Ambulance Standards are preempted by the Federal Aviation Administration (FAA).
 - Areas not preempted are regulations exclusively related to the provision of medical services.

CoN

- CoN Workgroup is in the process of reviewing these standards.
 - What areas must be eliminated based upon FAA?
 - What areas should Administrative Rules be developed?

AHA

- Complaint
- Results
- Considerations

Michigan Prosperity Regions

As it stands today, many of Michigan's regions and their various public planning and service delivery entities have overlapping responsibilities yet competing visions for their economic priorities. The absence of a broad based regional vision and coordination of services create both redundancies and gaps. This creates confusion for local, state, federal, private and non-profit partners seeking to invest in a region's success. Formalizing a collaborative relationship among local and regional partners will allow the state, as well as private and non-profit stakeholders, to recognize local efforts and work in closer collaboration with local and regional decision makers throughout the state to support their efforts for economic prosperity.

Quote from the Michigan Prosperity Regions Website.



Michigan Prosperity Regions

- Governor's Initiative
- Not a mandate
- Does it impact MCAs and Trauma System?

AED Grant

■ Rural Access to AED Grant

- Requires the development of a Michigan Community Partnership that will work with the local EMS system, to determine the most effective facility to place an AED and the most appropriate personnel to train. The Michigan Community Partnership will analyze data from the MI-EMSIS system to determine where sudden cardiac arrest is highest within each MCA, where there is a high concentration of persons and where bystander intervention is most likely to occur. The Michigan Community Partnership anticipates that appropriate local sites will be one of the following: a medical first responder agency, certified Rural Health Clinic, community center, senior center or a high school.

AED Grant

- Funding is \$200,000 per year for 3 years
- Department partnered with the Michigan Center for Rural Health (MCRH)
- MCRH will receive funding to purchase AEDs and work with the MCAs related to distribution

Pediatric Readiness Project

- "A nationwide quality improvement project to assess hospital Emergency Department readiness to care for children based on recently updated guidelines by the American Academy of Pediatrics. "
- Goal is to have hospitals work with EMSC Programs to identify areas that will lead to improvements in the emergency care of children.

Pediatric Readiness Project

- 136 hospitals with an ED – 100% response rate
- The next table identifies the average state score for each section of the assessment. The score is based on the weighted assessment items for each section.

Pediatric Readiness Project

Average Section Scores	State Section Scores	National Section Scores
Guidelines for Administration and Coordination (19 pts)	8.1	10.1
Physicians, Nurses, and other health care providers who staff the ED (10 pts)	5.3	5.3
Guidelines for QI/PI in the ED (7 pts)	2.6	2.9
Guidelines for improving pediatric patient safety in the ED (14 pts)	11.4	10.8
Guidelines for policies, procedures, and protocols in the ED (17 pts)	10.3	10.5
Guidelines for equipment, supplies, and medications for the care of pediatric patients in the ED (33 pts)	29.7	29.4

Questions????

